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Country programme recommendation**

Papua New Guinea***

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Papua New Guinea for the period 2003 to 2007 in the amount of $5,367,000 from regular resources, subject to the availability of funds, and $3,250,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2002/11.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

*** Document submission was delayed pending receipt of final data.

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The situation of children and women

1. The situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.11).

Programme cooperation, 1998-2002

2. The main objective of the 1998-2002 country programme was to improve the delivery of services for children and women through models developed and implemented in close cooperation with communities. A secondary aim was to bring a child rights perspective into policy decisions and development programming. In general, programme implementation proceeded as planned, and good, replicable models were developed and tested successfully, especially during the latter part of the programme period.

3. Implementation of the country programme was slow in the first two years of the cycle due in part to inadequate UNICEF staffing. This problem was rectified following the mid-term review (MTR), resulting in strengthened technical support to the Government and consequently in higher rates of implementation. Cooperation was also extended to Bougainville after the MTR, and in collaboration with the Bougainville Provincial AIDS Committee, a school-based HIV/AIDS awareness model was adopted and applied successfully.

4. The 1998-2002 country programme had two major components: social mobilization and capacity-building. The social mobilization programme was comprised of four components: (a) promotion of the Convention on the Rights of the Child; (b) gender and development; (c) programme communication; and (d) policy development. Capacity-building was divided into sectors, including education, health and nutrition, water supply and sanitation.

5. Over the second half of the programme, UNICEF developed a model community-owned and -managed basic services delivery system that has been expanded to six provinces with funding from the Australian Agency for International Development (AusAID). Similarly, the school-based HIV/AIDS prevention model has now been adopted by the Department of Education for nationwide implementation. UNICEF also initiated a pilot birth registration system and is advocating for eventual full-scale expansion.

6. A Centre for Human Rights was set up at the University of Papua New Guinea to undertake research and education, promotion and training. The Centre carried out a legislative review to determine compliance of the legal code with the Convention on the Rights of the Child. A comprehensive assessment of the juvenile justice system has prompted system reform.

7. The Papua New Guinea Council hosted the Biannual Conference of the Pacific Islands News Agencies (PINA) in 2001, working with UNICEF to make "Media and the Pacific Child" the central theme. A commitment of the Pacific media to children, expressed in the "Madang Declaration", was an important outcome.

8. UNICEF provided technical and financial assistance to the National AIDS Council Secretariat for an assessment of the HIV/AIDS situation, and the prevention of mother-to-child transmission (PMTCT) is now included in the Government's

medium-term plan (MTP) for HIV/AIDS. Health professionals and counsellors were trained in voluntary counselling and testing (VCT), and trials of anti-retroviral drugs and operational research into effective community-level communication on HIV/AIDS are presently under way.

Lessons learned from past cooperation

9. The principal lessons learned over the last country programme period were described in the country note. An opinion survey involving 500 respondents between the ages of 9 and 17 years was carried out in 2001, which provided additional insight into the views and concerns of children and young people.

Recommended programme cooperation, 2003-2007

Regular resources: $5,367,000

Other resources: $3,250,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health, nutrition and early childhood development	1 604	1 500	3 104
HIV/AIDS prevention and care	1 301	750	2 051
Child protection	1 301	500	1 801
Promoting girls' education	518	500	1 018
Communication	518	-	518
Cross-sectoral costs	125	-	125
Total	**5 367**	**3 250**	**8 617**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

10. The programme preparation process involved the Government, civil society partners, bilateral donors and United Nations agencies. While the 1998-2002 country programme used a rights-based approach, a workshop held in 2000, reinforced by the MTR, demonstrated the value of rights-based development and, hence, its continued use in the 2003-2007 programme. Papua New Guinea's achievements against the World Summit for Children goals, as well as national goals stipulated in various sectoral plans, were reviewed in 2001. These exercises contributed substantially to determining the structure and substance of the 2003-2007 country programme.

11. A Common Country Assessment (CCA) and a United Nations Development Assistance Framework (UNDAF) prepared in 2001 and 2002 illustrated the strategic

importance of investing in children and youth. Increased participation by children in various forums and media events, such as the International Children's Day of Broadcasting, the PINA Biannual Conference and the UNICEF-supported "Speaking Out!" opinion survey, allowed children's views to be reflected in the programme strategy.

12. A series of consultations with all major partners in 2001 led to a strategy meeting late in the year where programme directions and strategies were carefully considered, culminating in the country note. The present country programme recommendation has taken into account the comments received from the Executive Board on the country note, as well as observations emerging from the UNICEF Programme Budget Review.

Country programme goals and objectives

13. The main goal of the country programme of cooperation for 2003-2007 is to support the progressive realization of rights for all children. The objectives are to support the Government and other partners to: (a) improve the quality of and access to health and nutrition services, and give every child a good start in life; (b) reduce HIV infection, especially through PMTCT, and ensure optimum care and concern for children affected by HIV/AIDS; (c) provide legal protection and promote a social environment that protects children from exploitation, deprivation and discrimination; (d) improve the quality of and access to primary education, especially for girls; and (e) facilitate the informed participation of communities in development programmes through effective advocacy and a comprehensive communication approach.

14. Five mutually reinforcing programmes will respond to these objectives: (a) health, nutrition and early childhood development (ECD); (b) HIV/AIDS prevention and care; (c) child protection; (d) girls' education; and (e) communication. The ECD and HIV/AIDS prevention and care components are multisectoral in nature and are inherently interlinked. Gender issues will be mainstreamed from planning through evaluation in all programmes.

15. Individual monitoring and evaluation plans for each programme will be combined into a five-year Integrated Monitoring and Evaluation Plan (IMEP). Year-end reviews, annual reports, an MTR and an end-of-cycle review of progress and constraints will be based on indicators specified in the IMEP. Important criteria for monitoring and evaluation will include replicability and sustainability, quality, degree of beneficiary participation, and progress in realizing children's and women's rights. Field monitoring will be done through project site visits and other consultative processes. Formal evaluations of specific programmes will be carried out periodically.

16. UNICEF will support the Department of National Planning and Monitoring to collect, compile and analyse data on children and women, using the Child Info database system. Eventually, a broader DevInfo system will be developed in collaboration with other United Nations agencies to provide good quality data on social indicators.

Relation to national and international priorities

17. Country programme priorities are aligned with the Government's National Charter for Reconstruction and Development, the five-year development plan. the 10-year health and education plans, an updated situation analysis and the recently concluded CCA and UNDAF. The main issues in the UNICEF medium-term strategic plan (MTSP) for 2002-2005 are also addressed. The proposed programme conforms to government priorities for social sector investment and the regional priorities identified in the 2001 Beijing Declaration. The country programme strategies are consistent with the national policy of sustainable development and are in line with the principles stipulated in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Programme strategy

18. The main operational strategy is to foster a "triple A" (assessment, analysis, action) process to identify local conditions that adversely affect children and women, and devise local actions to overcome them. The strategy will require a broad-based partnership at community, district, province and central levels that is fully supportive of human rights, and especially children's rights. Training and support will be provided to health and other community workers to respond to the increased demand for services generated through community education and promotion. A complementary strategy will support nationwide activities, such as promotional campaigns, and provide selected assistance for national service delivery. Together, these actions are expected to lead to positive outcomes for children and women.

19. Strengthening management capacity at all levels of Government is an integral part of the country programme strategy. Additional UNICEF programme staff will permit strengthened support in all areas of cooperation, including day-to-day interactions on project design, implementation and monitoring. Training, study visits and experience exchange will also be employed to attain this goal. Efforts will be closely monitored, and an evaluation of progress will be conducted towards the end of the country programme period.

20. Operational models such as community-level triple A will, when appropriate, make use of traditional authority structures for effective interpersonal communication and maximum convergence, coordination and interaction with other programmes and partners. Particular attention will be given to the accessibility of project sites for close monitoring and to ensure that lessons can be assessed and documented. Projects locations from the last country programme will be included, as these are the most likely to provide opportunities for convergence. These models will also be applied in Bougainville, adapted to its specific, post-conflict needs.

21. Violence against women remains an unfortunate characteristic of Papua New Guinea's society. Some progress has been made in terms of a growing recognition of gender issues and appreciation of the role of women in development. Women's non-governmental organizations (NGOs) have been making significant contributions to grass-roots development, including child rights promotion, and the role of women in the peace process in Bougainville is particularly noteworthy. An emphasis on the

status of women in society and their involvement at all levels will be a significant operational strategy of the country programme.

22. Emergency preparedness and response form a distinct component within the country programme, with specific strategic implications. A preparedness plan is currently being finalized to allow UNICEF to respond to major emergencies, in accordance with its Core Corporate Commitments. Regular resources will be used for emergency preparedness and initial response to emergencies, while other resources will be mobilized if a fuller response is required.

23. In addition to the national programmes and projects, a separate set of activities will support Bougainville in moving towards greater stability. UNICEF will assist with psychosocial recovery and reintegration, protection from abuse, nutrition and health, and participation of children in decisions concerning their future. Initial assessments have been carried out to identify other appropriate interventions in the new country programme, possibly including work with former child soldiers.

24. Regular resources will be used to fund the development and testing of models. Depending on the outcome of those efforts, other resources will be used for modest expansion to confirm their replicability.

25. **Health, nutrition and ECD**. This programme will support the National Health Plan and its targets of reducing maternal mortality from the current level of 370 to 260 per 100,000 live births, and infant mortality from 79 to 53 per 1,000 live births, by 2010. Another major objective of the National Health Plan is to improve early childhood care.

26. The national immunization programme, assisted through the child health project, currently immunizes less than one half of the eligible children. In cooperation with other major partners, such as AusAID and the Japan International Cooperation Agency, and in support of the National Health Plan, the project will ensure that at least 90 per cent of children are fully immunized and that tetanus toxoid coverage among women of childbearing age is raised from the current 70 per cent to 85 per cent by 2010. Key home practices to improve child health, such as general preventive care, proper nutrition, detection of early signs of illness and home management of common illnesses, will be promoted as part of the Integrated Management of Childhood Illness approach. Malaria control through community-based organizations (CBOs), notably church groups, will also be addressed.

27. The nutrition project will help to reduce childhood malnutrition by encouraging and empowering mothers to breastfeed and increase the frequency of feeding, with a special emphasis on proper complementary feeding and growth monitoring through community awareness campaigns. Implementation of the International Code of Marketing of Breast Milk Substitutes will be closely monitored on a national scale. In keeping with targets of the National Health Plan, the project will contribute to a significant reduction in moderate and severe malnutrition in project districts and to the elimination of iodine deficiency disorders. Vitamin A supplementation and promotion of the consumption of iodized salt will be continued.

28. The safe motherhood project will contribute to the National Health Plan goal of increasing supervised delivery from the current 45 per cent to 70 per cent by 2010 by mobilizing communities and building the capacity of health staff. A particular innovation will be the introduction of "waiting houses", where women in the last

month of pregnancy can stay near a health facility that can be reached easily for assistance at the time of delivery. Waiting houses will be set up in the vicinity of 10 per cent of the health facilities in project districts. This project will also reinforce health and nutrition messages.

29. The high rate of malnutrition and childhood illness, coupled with inadequate child care services, a lack of knowledge among parents and rapidly changing family environments, all contribute to the underdevelopment of children and jeopardize their full growth and development potential. The multifaceted nature of the problem calls for integrated efforts from various sectors. Integrated early childhood care and development (ECCD) will be implemented jointly by several government departments, especially the National Department of Health, the Department of Social Welfare and Development and the Department of Education. The triple A methodology is currently being applied by communities to assess 19 indicators, including child nutrition, physical and mental growth, immunization status, and access to safe water and sanitation. Communities can then organize themselves to improve the situation. The project will build on experience from the last programme and focus on the needs of the child from birth to eight years, with an emphasis on those under the age of three years.

30. Advocacy and social mobilization will be used to promote the adoption and implementation of integrated ECCD based on proven community models. Bilateral and multilateral organizations will be invited to support national and local governments in this area.

31. **HIV/AIDS prevention and care.** HIV/AIDS is a rapidly increasing threat in Papua New Guinea. AusAID is the major donor in the sector and supports all aspects of the national MTP for HIV/AIDS. There is a steady increase in the number of children orphaned by AIDS, living with AIDS and dying from AIDS. Recent studies indicate rapid growth in the rate of infection among married women, and the rate of mother-to-child transmission (MTCT) has increased accordingly. The overall objective of the HIV/AIDS programme is to reduce the transmission of HIV, especially MTCT. It will also help to prevent the spread of HIV infection among young people and promote family and community care, especially for children living with AIDS and AIDS orphans. The programme will have three mutually supportive projects and will concentrate in specific provinces, but with some nationwide awareness campaigns.

32. The PMTCT project will be a cooperative effort between UNICEF and National AIDS Council Secretariat, selected Provincial AIDS Committees and other partners from government and civil society to develop and test a national prevention policy and related protocols. The project will train health trainers and social workers in VCT, antenatal care and safe delivery, child-feeding options for HIV-positive mothers, management and use of anti-retroviral drugs, and aggressive and targeted information and communication approaches. Approximately 70,000 women of childbearing age will receive information about MTCT through national campaigns. An estimated 1,000 to 3,000 HIV-positive mothers and babies will receive treatment each year with UNICEF-supplied anti-retroviral drugs. Building on experience in the 1998-2002 programme, the project will extend training to community extension workers under the direct supervision of Provincial AIDS Committees. It will work closely with voluntary birth attendants (VBAs), especially for components such as feeding options for HIV-positive mothers, safe delivery and basic counselling for

avoiding infection. An estimated 2,500 VBAs will be trained over the programme period, to reach an estimated 50,000 rural women with information on MTCT through face-to-face contact. The project will concentrate in areas with the most MTCT cases and AIDS orphans.

33. The promotion of safe sex practices, including condom use, will form the core of the second project. Specific information, education and communication messages will be directed to especially vulnerable groups, both for their own protection and as potential peer educators. The gender issues that inhibit the ability of women to negotiate safe sex will be addressed. A particular contribution of the previous programme was a school-based HIV/AIDS awareness project involving students, teachers and communities. This will be expanded to eventually cover all secondary and top-up schools (primary schools with supplementary grades 7 and 8) in the country, and the upper grades of primary school where feasible. This represents between 80,000 and 100,000 young people who, in turn, will be in a position to reach out to parents, out-of-school peers and communities.

34. The 1998-2002 programme also successfully demonstrated the potential of local performing arts groups to disseminate HIV/AIDS messages through *Tok Ples* (local language) Theatre, especially to the most vulnerable groups of adolescents and young people, mainly girls. At least one theatre group in each project district will be trained, and performances will be facilitated and monitored. Traditional leadership and rural authority structures, such as the Councils of Chiefs and local governments, will be used in at least three provinces to promote HIV/AIDS prevention. Other partners will include NGOs, churches and other civil society organizations.

35. The programme will also provide assistance for the preparation of the next national MTP for HIV/AIDS (2003-2007). UNICEF will take the lead to develop the communication and MTCT components and ensure that the four core HIV/AIDS interventions described in the UNICEF MTSP are incorporated.

36. **Child protection.** UNICEF will participate in a juvenile justice reform project initiated late in the last country programme and funded principally by AusAID. Technical support will be provided to create a comprehensive juvenile justice system consistent with the principles of the Convention on the Rights of the Child and United Nations guidelines; to introduce diversion programmes; to reduce the number of juveniles deprived of their liberty, both pre- and post-trial; and to increase the use of community-based alternatives. The project will contribute to a reduction of pre- and post-trial detention by at least 60 per cent by 2007.

37. Only 2 to 3 per cent of the births in Papua New Guinea are registered. A pilot birth registration project, introduced in one district in 2001, will be expanded to at least one district in each of the remaining 19 provinces. The project will develop a complete package of inputs to achieve 100 per cent registration of newborns in all project locations as a contribution to the 2020 national target of compulsory universal registration.

38. The elimination of child abuse, with a particular emphasis on domestic violence, is the third project. Studies will be conducted to analyse the problem of child abuse in the country and to promote positive parenting. The project will depend on effective cooperation among the Department of Social Welfare and Development, the health and education sectors, the police, communities, church

groups and NGOs to develop participatory models for reducing child abuse. Sub-components will focus on the prevention of child prostitution and sexual abuse and on legislative review and reform of the Family Code. All opportunities will be seized to establish linkages and convergence with other programme components, such as the school-based HIV/AIDS awareness project.

39. The 10-year armed conflict in Bougainville has left a generation of children and young people deprived of fundamental rights. UNICEF will develop a special approach for Bougainville, including psychosocial support for traumatized children, special measures to prevent and respond to domestic violence, and the participation of boys and girls in peace-building. In-depth interviews with former child soldiers have helped to identify specific interventions to assist this group during the new country programme.

40. Planning, coordination, monitoring and evaluation functions of the country programme have been included in the child protection component to maximize cost-effectiveness and efficiency. Support, including for indicator development, will be provided to all programme sectors. An additional objective will be to strengthen the capacity of government and other partners in strategic planning and policy development for children. UNICEF will assist the Department of Planning and Monitoring to prepare a National Plan of Action for Children, based on the outcome of the United Nations General Assembly Special Session on Children. In conjunction with this activity, government capacity to monitor and report on implementation of the Convention will be strengthened. Meaningful participation of children at every stage of the process will be encouraged and facilitated.

41. **Promoting girls' education**. This programme will help to support the Government's commitment to Education for All (EFA). In close coordination with AusAID, the World Bank, the Asian Development Bank (AsDB) and all major donors to the sector, the advocacy and promotion project will help to create greater awareness among professionals as well as parents of the importance of girls' education. This will be achieved primarily through an advocacy and communication package using all appropriate means and channels, especially interpersonal communication, backed by provincial radio and limited print materials. Campaigns will highlight the best interest of the child and the principle of non-discrimination.

42. Through the promotion of girl-friendly schools project, UNICEF will promote the recruitment and training of more female teachers, increasing their proportion by at least five percentage points during the programme cycle, from the current level of 34 per cent. Other methods to improve the school environment for girls will be explored, including support to strategic planning in the education system and technical assistance to modify the curriculum and teaching learning materials to reduce gender bias.

43. In conjunction with other donors, the school sanitation promotion project will assist with installation and maintenance packages and provide sanitation education to encourage more girls to enrol and remain in school. Demonstration projects will be carried out in at least two provinces in the highlands region (10-15 schools) where gender disparity is greatest and retention is lowest. The overall impact on girls' enrolment and retention will be closely monitored. This experience will be used as a basis for educational improvement and reform. While models will be limited to specific areas, the awareness drive will cover the whole country. Girls' education, within the framework of EFA, will be extended to Bougainville. In

addition, special education, particularly second-chance education for those unable to attend school because of the conflict, and education for peace, tolerance and reconciliation will be supported.

44. **Communication**. This programme will focus on creating a climate of accountability among parents, communities, government officials and national institutions to build a firm foundation for the realization of the rights of all children. The communication programme has two projects: partnership and capacity-building; and programme communication.

45. The partnership and capacity-building project will improve the technical capacity of media and other partners. It will help to build wide social partnerships, including informal support groups providing a sustained and free platform for children to express themselves. It will work closely with the Papua New Guinea Media Council to fulfil commitments made in the Madang Declaration of 2001. The project will train a core group of media trainers and assist in training departmental communication units in specific technical skills for communication planning and implementation.

46. The programme communication project will support specific efforts in child protection, girls' education, health and nutrition, integrated ECD and HIV/AIDS, selecting from the range of available media and channels. It will also help to research, develop, produce and disseminate messages and materials on cross-sectoral issues such as rights and gender equity. The project will also undertake periodic audience research on media access and preferences, as well as more specific operational research into such factors as passive and active resistance points, attitudes, perceptions and behaviours.

47. **Cross-sectoral costs**. This element of the country programme will provide support in key areas such as logistics, and will allow a flexible response to emerging programme opportunities, emergencies and disaster preparedness.

Collaboration with partners

48. UNICEF has worked closely with other members of the United Nations system on the CCA and UNDAF in the process shaping a more collaborative development approach. UNICEF will cooperate with the World Health Organization on child survival and health, with the United Nations Population Fund on family violence and with the United Nations Development Programme on water and sanitation. Collaboration will be essential in areas with special needs, such as Bougainville, or on broad cross-sectoral issues such as gender equity. UNICEF will work with other United Nations agencies through theme groups on issues such as HIV/AIDS.

49. UNICEF will continue to work with bilateral partners in Papua New Guinea to take proven models to scale. The Government of the Netherlands is supporting work on juvenile justice and child abuse, and the Canadian University Service Overseas has provided a full-time person to work with UNICEF for a year on child protection. UNICEF will continue to expand its relationship with AsDB.

50. Partnerships will be forged with civil society, the expanding private sector, the media and NGOs, especially CBOs and churches, to generate greater popular support in responding to the United Nations Special Session on Children and creating "A World Fit for Children".

Programme management

51. The Government's Department of Planning and Monitoring is responsible for overall coordination of assistance programmes in Papua New Guinea. Responsibility for programme management rests with the heads of relevant ministries and line departments and, in some cases, with provincial governors.

52. The Government and UNICEF will conduct joint annual planning and review meetings for all programmes covered by the master plan of operations. An MTR will be undertaken in 2005 and an end-of-cycle review in 2007. Other United Nations agencies and representatives of multilateral and bilateral donors, as well as NGOs and children, will participate.

53. The UNICEF representative is the overall manager of the country programme, advised by the Country Management Team.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Papua New Guinea	(2000 and earlier years)		UNICEF country classification
Under-five mortality rate	112	(2000)	High USMR
Infant mortality rate	79	(2000)	High IMR
GNI per capita	$ 760	(2000)	Lower Middle GNI
Total population	4.8 Million	(2000)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	97	118	143	158
Infant deaths (under 1)	(thousands)	9	9	11	12
(per 1,000 live births)					
Under-five deaths	(thousands)	13	13	16	18
Under-five mortality rate		130	112	112	112
(per 1,000 live births)					
Infant mortality rate (under 1)		90	79	79	79
(per 1,000 live births)					

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	35	..
(% weight for age, 1984)	Severe	..	..
Babies with low birth weight (%)		..	..
Primary school children reaching Grade 5 (%, 1996)		..	60

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1996)	..	75
Timely complementary feeding rate (6-9 mos.) (%, 1996)	..	74
Continued breast-feeding rate (20-23 mos.) (%, 1996)	..	66
Prevalence of wasting (0-59 mos.) (%)	..	..
Prevalence of stunting (0-59 mos.) (%)	..	..
Vitamin A supplementation coverage (6-59 mons.) (%)	..	..
Household consuming iodized salt (%)	..	..

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%)		..	..
Routine EPI vaccines financed by government (%, 2000)		..	100
Use of improved drinking water sources	Total	40	42
(% of population, 1990/2000)	Urban/rural	88/32	88/32
Use of improved sanitation facilities	Total	82	82
(% of population, 1990/2000)	Urban/rural	92/80	92/80
Births attended by skilled personnel (%, 1996)		..	53
Maternal mortality rate (per 100,000 live births, 1984)		370	..
Antenatal care coverage (%, 1996)		..	78
Adult HIV prevalence rate (%, 1999)		..	0.22

Immunization		1981	1985	1990	1995	2000
One-year old (%) immunized against:	Tuberculosis	64	67	89	91	70
	DPT	32	40	67	47	57
	Polio	32	34	67	46	46
	Measles	..	33	67	75	68
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

TABLE 1 (continued)

Papua New Guinea

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net)	Total	54/..	63/..
(%, 1990/1997)	Male	55/..	42/..
	Female	52/..	66/..
Secondary enrolment ratio (gross/net)	Total	12/..	14/..
(%, 1990/1995)	Male	15/..	17/..
	Female	10/..	11/..
Adult literacy rate, 15 years & older	Total	68	76
(%, 1990/2000)	Male/Female	78/57	84/68
Radio/television sets (per 1,000 population, 1990/2000)		73/2	91/9

DEMOGRAPHIC INDICATORS		1970	1980	1990	2000	2010
Total population	(thousands)	2315	2952	3762	4809	5989
Population aged 0-18 years	(thousands)	1166	1486	1830	2262	2652
Population aged 0-5 years	(thousands)	391	501	563	711	803
Urban population (% of total)		9.8	13.0	15.0	17.4	21.2
Life expectancy at birth	Total	43	48	53	57	61
(years)	Male	43	48	52	56	60
	Female	44	49	54	58	62
Total fertility rate		6.1	5.6	5.1	4.5	3.9
Crude birth rate (per 1,000 population)		42	40	38	33	29
Crude death rate (per 1,000 population)		19	15	13	10	8

		About 1990	Most recent
Contraceptive prevalence rate (%, 1996)		..	26
Population annual growth rate	Total	2.4	2.5
(%, 1970-90/1990-2000)	Urban	4.6	3.9

ECONOMIC INDICATORS		About 1990	Most recent
GDP per capita annual growth rate (%, 1960-90/1990-2000)		1.1	1.7
Inflation rate (%, 1985-92/1990-2000)		4	8
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure	Health/education	9/21	7/22
(% of total expenditure, 1990/1999)	Defense	6	4
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance:	$US millions	416	216
(1990/1999)	As % of GNI	13	6
Debt service (% of goods and services exports (1990/1999)		37	8

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998 - 2002 a/

COUNTRY:PAPUA NEW GUINEA
LATEST BOARD APPROVAL: 1997
REGULAR RESOURCES: $ 4,850,000

(In thousands of United States dollars)

Programme sectors/areas	TOTAL					
	Regular resources b/		Other resources		Total (RR & OR)	
	Actual	Planned	Actual	Planned	Actual	Planned
Social mobilization	1239	1,455	209	-	1448	1,455
Capacity development	2,572	3,270	220	4,000	-	7,270
Cross-sectoral costs	163	125		-	163	125
GRAND TOTAL	**3,974**	**4,850**	**429**	**4,000**	**1,611**	**8,850**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 31 May 2002.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: PAPUA NEW GUINEA
PROGRAMME CYCLE: 2003-2007

	FUND	2003	2004	2005	2006	2007	TOTAL
HEALTH, NUTRITION & EARLY CHILDHOOD	RR	282,400	330,400	330,400	330,400	330,400	1,604,000
	OR	300,000	300,000	300,000	300,000	300,000	1,500,000
	TOTAL	582,400	630,400	630,400	630,400	630,400	3,104,000
COMMUNICATION	RR	103,600	103,600	103,600	103,600	103,600	518,000
	OR						
	TOTAL	103,600	103,600	103,600	103,600	103,600	518,000
HIV/AIDS PREVENTION AND CARE	RR	260,200	260,200	260,200	260,200	260,200	1,301,000
	OR	150,000	150,000	150,000	150,000	150,000	750,000
	TOTAL	410,200	410,200	410,200	410,200	410,200	2,051,000
PROMOTING GIRLS' EDUCATION	RR	103,600	103,600	103,600	103,600	103,600	518,000
	OR	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	203,600	203,600	203,600	203,600	203,600	1,018,000
CHILD PROTECTION	RR	260,200	260,200	260,200	260,200	260,200	1,301,000
	OR	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	360,200	360,200	360,200	360,200	360,200	1,801,000
CROSS-SECTORAL COSTS	RR	25,000	25,000	25,000	25,000	25,000	125,000
	OR						
	TOTAL	25,000	25,000	25,000	25,000	25,000	125,000
TOTAL, PROGRAMME BUDGET	RR	1,035,000	1,083,000	1,083,000	1,083,000	1,083,000	5,367,000
	OR	650,000	650,000	650,000	650,000	650,000	3,250,000
	TOTAL	1,685,000	1,733,000	1,733,000	1,733,000	1,733,000	8,617,000
STAFF COSTS a/		497,843	520,806	544,819	565,970	587,574	2,717,012
GENERAL OPERATING COSTS		228,600	240,600	231,600	237,600	224,600	1,163,000
TOTAL, ESTIMATE SUPPORT BUDGET		726,443	761,406	776,419	803,570	812,174	3,880,012
GRAND TOTAL		2,411,443	2,494,406	2,509,419	2,536,570	2,545,174	12,497,012

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : PAPUA NEW GUINEA
PROGRAMME: 2003-2007

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH, NUTRITION & EARLY /1	1,604,000		1,604,000	0	0	0	1	0	0	1	1	0	2	774,092	83,983	858,075
COMMUNICATION	518,000		518,000	0	0	0	0	0	0	0	2	1	3	0	237,878	237,878
HIV/AIDS PREVENTION AND CARE	1,301,000		1,301,000	0	0	0	0	0	0	0	1	0	1	0	83,983	83,983
PROMOTING GIRLS' EDUCATION	518,000		518,000	0	0	0	0	0	0	0	1	0	1	0	95,927	95,927
CHILD PROTECTION	1,301,000		1,301,000	0	0	0	1	0	0	1	0	0	1	774,092	0	774,092
CROSS-SECTORAL COSTS	125,000		125,000	0	0	0	0	0	0	0	1	1	2	0	117,268	117,268
TOTAL RR	5,367,000		5,367,000	0	0	0	2	0	0	2	6	2	10	1,548,184	619,039	2,167,223
OTHER RESOURCES :																
HEALTH, NUTRITION & EARLY /1		1,500,000	1,500,000	0	0	0	0	1	0	1	0	0	1	714,272	0	714,272
HIV/AIDS PREVENTION AND CARE		750,000	750,000	0	0	0	0	1	0	1	0	0	1	714,272	0	714,272
PROMOTING GIRLS' EDUCATION		500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		500,000	500,000	0	0	0	0	0	0	0	1	0	1	0	95,927	95,927
TOTAL OR		3,250,000	3,250,000	0	0	0	0	2	0	2	1	0	3	1,428,544	95,927	1,524,471
TOTAL RR & OR	5,367,000	3,250,000	8,617,000	0	0	0	2	2	0	4	7	2	13	2,976,728	714,966	3,691,694
SUPPORT BUDGET	Operating costs		1,163,000													
	Staffing			0	0	1	0	2	0	3	0	6	9	2,402,031	314,981	2,717,012
GRAND TOTAL (RR + OR + SB)				0	0	1	2	4	0	7	7	8	22	5,378,759	1,029,947	6,408,706
Number of posts and staff costs:																
Current programme cycle										6	2	8	16			
At the end of proposed programme cycle (indicative only)										7	7	8	22	5,378,759	1,029,947	6,408,706

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

/1 HEALTH, NUTRITION AND EARLY CHILDHOOD

E/ICEF/2002/P/L.11/Add.1